BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

Insert Title:

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050



COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

DEVICE FOR ELECTRICALLY STIMULATING STOMACH

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate	forth above and/or th	ne following:		eto, the application is identified	•	number as set			
Information -	The specification	was filed on				as			
For Use Without	United States Ap	oplication Number			(: (1: 1: 1 - 1				
Specification Attached:	the specification	(if applicable) and/or							
THECHEU.	International An	nlication Number	PCT/JP2003/	016065		as rci			
	amended on	рисацоптуантост		, 2003 016065	(if ap	olicable)			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as								
	amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal								
	Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one								
	year prior to this app prior to this application date of this application	dication, that the same on, that the invention ion in any country from the more than twelves the country from the inversificate on this inverse.	e was not in public has not been patent oreign to the Unite months (six month stion has been filed	use or on sale in the United S ed or made the subject of an in d States of America on an a for for designs) prior to this app any country foreign to the I	tates of America more (ventor's certificate issue	han one year ed before the			
	I hereby claim fo	reion priority benefit	s under Title 35. I In	as follows. ted States Code, §119(a)-(d) of ow any foreign application for p ilmed:	any foreign application patent or inventor's certi	(s) for patent ficate having			
	Prior Foreign Appli	cation(s)	. Widen priority is ca	arried.	Priority C	laimed			
nsert Priority	2002-373975	JAPAN		12/25/2002	1110111,	ıaınıca			
nformation:					_				
if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
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	(Number)	(Country)		(Month/Day/Year Filed)		No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
nsert Provisional	(Amiliation Number)			(C:1: - D-(-)					
application(s): f any)	(Application Number)			(Filing Date)					
	(Application Number)			(Filing Date)					
	All Foreign Applicatio the Filing Date of This		ent or Inventor's Ce	tificate Filed More than 12 Mo	nths (6 Months for Desi	gns) Prior to			
nsert Requested	Country	Арр	olication Number	Date of Filing	(Month/Day/Year)				
formation:									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
sert Prior U.S.			-	•					
pplication(s): any)	(Application Number)	(Filir	ng Date)	(Status - patent	ted, pending, abandone	<u>d)</u>			
ge 1 of <u>2</u> ev. 07/2003)	(Application Number)	(Filir	ng Date)	(Status - patent	ted, pending, abandone	d)			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	Yoshimochi KUROKAWA	里山良兴) -	June 1, '05				
Insert Residence	Residence (City, State & Country)		CITIZENSHII					
Insert Citizenship →	Sendai-shi, Miyagi, Japan		Japanese					
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address	including City, State & Country)						
	c/o Graduate School of Medicine, Tohoku University, 1-1, Seiryo-machi, Aoba-ku, Sendai-shi, Miyagi 980-8574 Japan							
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE:				
Inventor, if any: see above	Makoto ANSAI	5 57A 13		DATE*				
	/	女 学 美		June 7,05				
	Residence (City, State & Country)		CITIZENSHII	· · · · · · · · · · · · · · · · · · ·				
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Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any:	<u>'</u>	INVENTOR'S SIGNATURE						
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP					
Inventor, if any:	Residence (City, State & Country)		CITIZENSHIP					
Inventor, if any:	<u>'</u>		CITIZENSHIP					
Inventor, if any:	Residence (City, State & Country)		CITIZENSHIP					
Inventor, if any: see above Full Name of Fifth	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	including City, State & Country)	CITIZENSHIP					
Inventor, if any: see above	Residence (City, State & Country)		CITIZENSHIP					
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